

Coordinated System of Care

**Philosophy, Principles,
& Process**

Objectives

- Provide participants with a basic foundation of CSoC including
 - History
 - Implementation
 - Current Enrollment & Demographics
 - Outcomes
- Overview of Standard Operating Procedure
- Overview of Wraparound
- Role of Family Support Organization

History

In 2009 Louisiana's Child Serving Agencies created collaborative Leadership Team to address

- over reliance on residential care for children with significant behavioral challenges
- the overuse of inpatient levels of care
- need for family and community-based behavioral health services to better meet needs of the children/youth with significant behavioral health challenges

History

2010

- Members of Leadership Team included
 - Governor's office
 - DCFS
 - OJJ
 - DHH-BHSF
 - DOE
 - DHH-OBH
 - DHH-OCDD
 - A human service district
 - The Federation for Families for Children's Mental Health
 - Parent advocacy

2011

- Statewide community education
- Interagency CSoC team established within DHH, Office of Behavioral Health
- Formation of State CSoC Governance Board
- Development of regional community teams
- Selection process of the 5 initial regions
- Selection of the 5 Wraparound Agencies and FSO

State Governance Board



- Created by executive order in 2011
- Meets quarterly
- Composition – Nine members
 - Executives of the four child serving state agencies
 - Governor's Office
 - Family, youth and advocate representatives.

Implementation

- Initial Implementation - 1200
 - 2011, Community Readiness
 - 2012, Phase One: Implementation in five regions
- Statewide Implementation - 2400
 - 2013, Community Readiness
 - 2014, Phase Two: Implementation in four remaining regions



COORDINATED
SYSTEM OF CARE

REGIONS OF AVAILABILITY



Wraparound Agencies

- Nine wraparound regions (per Act 1225)
- Nine wraparound agencies
- Four parent companies:
 - Choices of Louisiana
 - Region 3: Covington
 - Region 6: Lake Charles
 - Region 8: Shreveport
 - Eckerd Louisiana
 - Region 5: Lafayette
 - Region 7: Alexandria
 - National Child and Family Services
 - Region 1: Greater New Orleans
 - Region 2: Baton Rouge
 - Wraparound Services
 - Region 4: Thibodaux
 - Region 9: Monroe

Wraparound Workforce

- Executive
 - Director
 - Clinical Director
 - Supervisors (1:8)
- Wraparound Facilitators (1:10)
- Administrative Staff
 - Quality Assurance
 - Business Manager
 - Community Resource Specialist

Current Enrollment *6/19/15*



Region	Area	Enrollment
1	Greater New Orleans	314
2	Baton Rouge	264
3	Covington	132
4	Thibodaux	116
5	Lafayette	77
6	Lake Charles	71
7	Alexandria	187
8	Shreveport	226
9	Monroe	256
	Total	1648

Source: Magellan Weekly CSoC Referral Report, June 19, 2015

CSoC Enrollment by Carrier, as of *6/19/15*

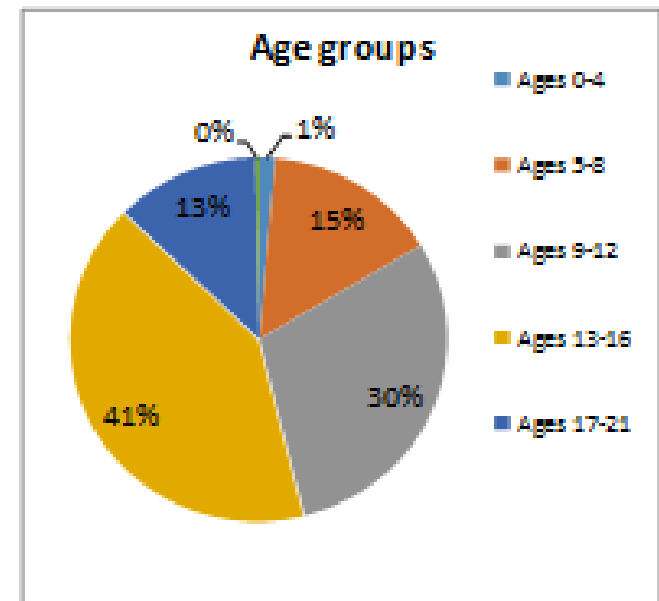
Carrier	Enrollment
Amerigroup	201
Louisiana Healthcare Connections	563
AmeriHealth Caritas	207
United Healthcare of Louisiana	410
Aetna	19
Legacy	138
Total	1538

Source: OBH, Claims June 19, 2015

Total Demographics, *April 2015*


Age Groups

Age Groups	Number
up to 4	20
5 - 8	222
9 - 12	439
13 - 16	608
17 - 21	183
Unspecified	5
Total	1477



Total Demographics, *April 2015*

Race



Race	Number	Percentage
African-American	894	60.53%
Caucasian	428	28.98%
Unspecified	111	7.52%
Other Ethnicity	27	1.83%
Pacific Islander	11	0.74%
American Indian	5	0.34%
Asian	1	0.07%
Total	1477	100.00%

Total Demographics, *April 2015*



Gender

Gender	Number	Percentage
Male	922	62.42%
Female	550	37.24%
Unspecified	5	0.34%
Total	1477	100.00%

Outcomes

Outcomes

- Reduced Out of Home Placements
- Reduced In-patient Hospitalization
- Improved Functioning: CANS
- Increased Utilization of Natural and Informal Support

Reduced Out of Home Placement



Percent of CSoc children and youth who had
restrictive placements prior to enrollment in WAA:

32.24%

Percent of CSoc children and youth placed in a
restrictive placement after enrolling in WAA:

18.56%

Source: Magellan, CSoc State Governance Report, April 2015

Reduced In-patient Hospitalization

71% decrease

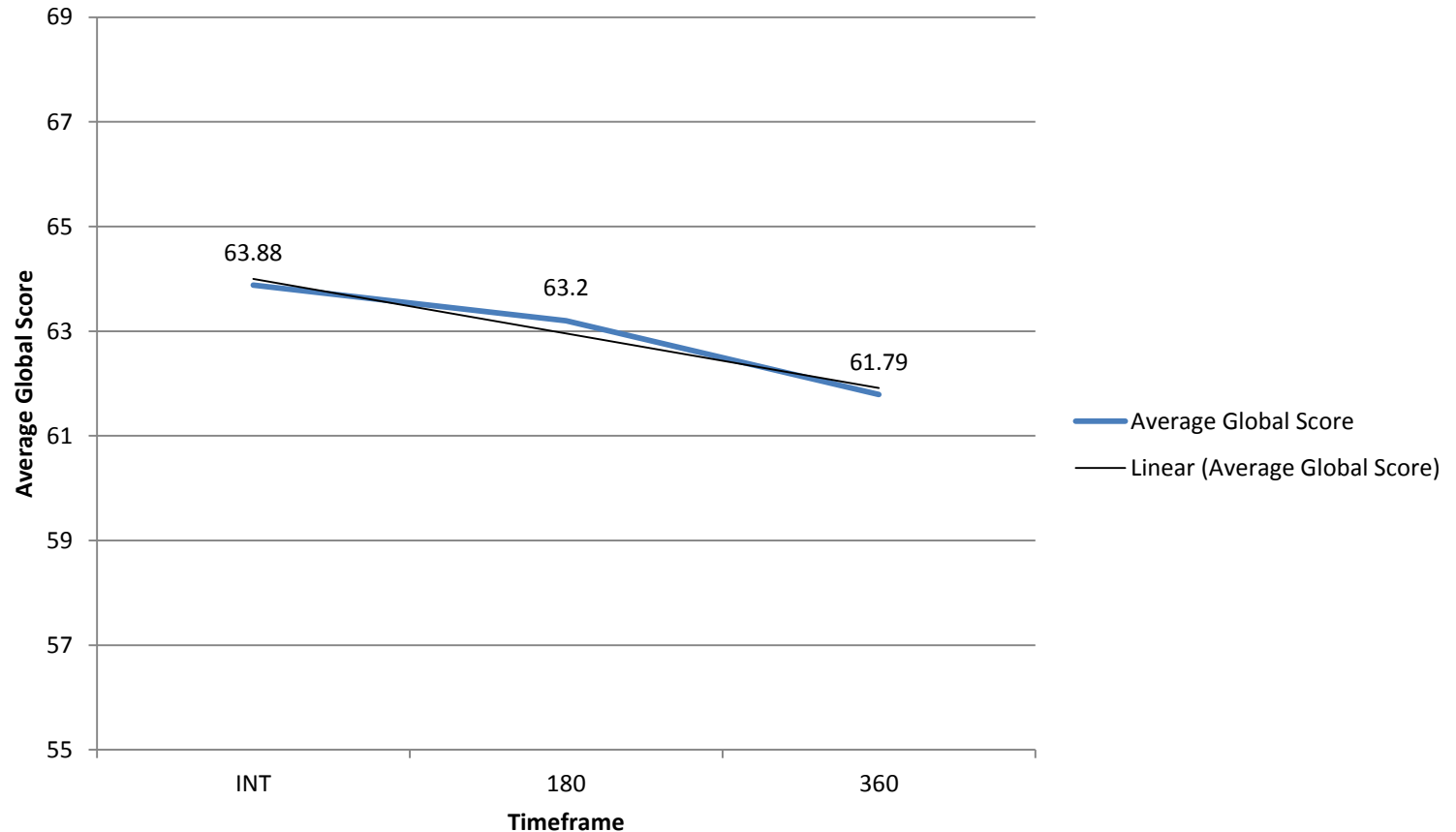
- number of days spent in psychiatric hospital post-discharge from CSoC
- compared to their hospital days prior to CSoC enrollment
- discharged youth, fiscal year 2014

Source: Office of Behavioral Health, Claims Data 2014

Improved Functioning

Child and Adolescent Needs and Strengths (CANS)

Average CANS Global Score



Source: Magellan, CSoC State Governance Report, April 2015

Increased Utilization of Natural and Informal Supports

Percent of CSoC children and youth who reportedly utilized natural and informal supports during enrollment:

86.78%

*(or 1,898/2,187 unique members enrolled)**

Percent of CSoC children and youth who reportedly utilized natural and informal supports after discharge:

97.31%

*(or 289/297 unique members who had been discharged)**

Enrollment and Eligibility

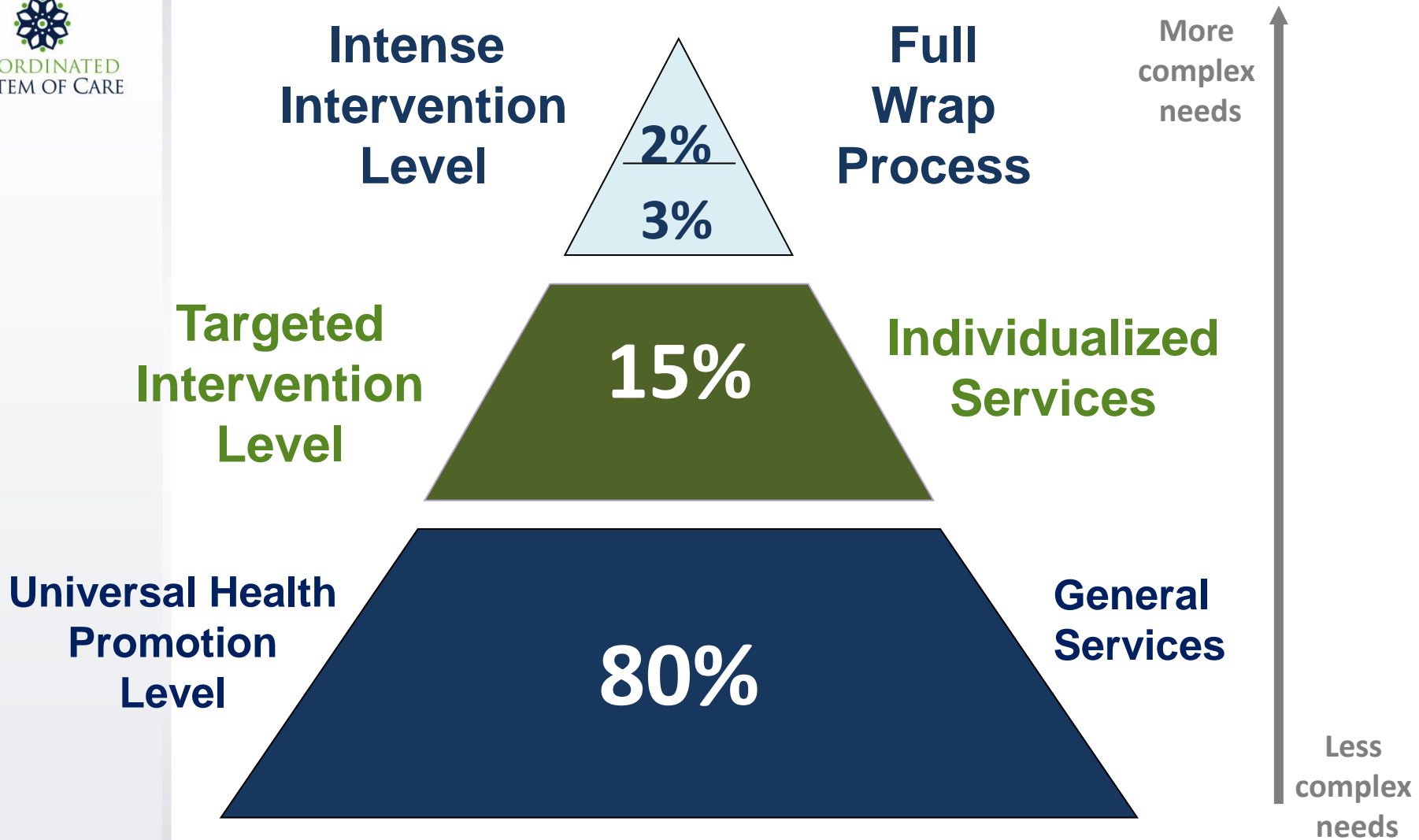
Who is a CSoC Candidate?



- Between 0 - 21 years old (up to 22nd B'day)
- DSM Axis I diagnosis, or exhibiting behaviors indicating a diagnosis may exist
- Meets clinical eligibility on the CANS Comprehensive assessment & Independent Behavioral Health Assessment
- Identified family or adult resource that is or will be responsible for the care of the child/youth who is willing to engage in wraparound.
- Currently in an out of home placement (OOH), or at imminent risk of OOH placement



Handout: Who might the Coordinated System of Care (CSoC) be right for?



Screening Questions



- Has the child ever
 - talked about or actually tried to hurt him/herself or acted in a way that might be dangerous to him/her such as reckless behaviors like riding on top of cars, running away from home or promiscuity?
 - been a danger to others, such as threatening to kill or seriously injure another person, fighting to the point of serious injury, been accused of being sexually aggressive, or engaging in fire setting?
 - deliberately or purposefully behaved in a way that has gotten him/her in trouble with the authorities such as breaking rules at school or laws in your community?
- One affirmative response, transfer to clinical care manager.

Brief CANS

- Brief CANS is clinical conversation
 - Four Domains
 - Risk (to Self or Others)
 - Functioning (Family and Community)
 - Clinical (Emotional/Behavioral Functioning)
 - Caregiver
- If screened positive, presumptive eligibility is established for 30 days

Medicaid Enrollment/Funding Stream Eligibility

- If child is already Medicaid enrolled
 - Medicaid confirmation
- If child is not already Medicaid enrolled
 - Medicaid application
 - Medicaid determination

Presumptive Eligibility



- Referred to Wraparound Agency, Family Support Organization, Independent Assessor
- 30 day initial authorization is built for specialized CSoC services and state plan services needed immediately

Freedom Of Choice

- Signed acknowledgement of acceptance of behavioral health services in the home and community instead of in an institution or hospital setting
 - Release of information is also obtained
- Must be signed within 10 business days of CSoC referral to wraparound agency

Comprehensive CANS

Children and Adolescents Needs and Strengths (CANS)

- 5 Domains
 - risk behaviors
 - general symptomology
 - developmental functioning
 - personal/interpersonal functioning
 - family functioning
- Confirms clinical eligibility
- Supports the development of the individualized plan of care

Independent Behavioral Health Assessment

- Face to face psychosocial assessment of youth's psychiatric and behavioral health history. That includes:
 - Mental status exam
 - Diagnosis
 - Treatment recommendations
- Completed by CANS certified LMHP
- Assessor may not be a direct service provider to the CSoC enrollee

CSoC Waiver Enrollment



- Magellan submits BHSF 142-BH to LA Medicaid
 - LA Medicaid adds segment
- Magellan resubmits 142-BH
 - At each 180 day reassessment with Comprehensive CANS
 - With each transition from one waiver to another
 - With youth transfer to a different region
 - Upon discharge from CSoC

Wraparound

Wraparound Process

- Planning process guided by System of Care values and principles
 - Family voice and choice
 - Team based
 - Natural supports
 - Collaboration
 - Community based
 - Culturally Competent
 - Individualized
 - Strength based
 - Persistence
 - Outcome based

Source: NWI, Ten Principles of the Wraparound Process. (2004)

Four Phases of Wraparound

- Engagement and team preparation
- Initial Plan of Care development
- Implementation & Monitoring
- Transition out of CSoC

Wraparound Facilitator



- Engages the family
- Builds the Child and Family Team
- Facilitates Child and Family Team meetings
- Guides development of the Plan of Care (POC)
- Crisis Plan

Five CSoC Specialized Services

- Parent Support and Training
- Youth Support and Training
- Independent Living/Skills Building
- Short Term Respite
- Crisis Stabilization

Quality

Family Support Organization

- Uses a centralized intake process
- Attends Child and Family Team (CFT)
- Provides Parent Support and Training and Youth Support and Training services in accordance with the family's Plan of Care
- Participates in the Statewide Coordinating Council
- Promotes the values of CSoC and the value of wraparound
- Participates in the CSoC regional leadership

Quality Assurance

- Integration & collaboration across state agencies and with key external stakeholders
 - Coordinated monitoring activities
 - Inter-Departmental Monitoring Team (IMT) meetings
 - Annual onsite review of Magellan
 - QM activities

Reports

- Weekly
 - Weekly Referral/Enrollment
- Monthly Reporting Packages
 - ALOS, Demographics, Utilization, & Expenditure
 - Monthly Services of CSoC participants
 - FSO Monthly Service report
- Quarterly Packages
 - Scorecards
 - CSoC State GB report
- Annual Packages
 - Annual Performance Improvement Plan
 - Program Evaluations

Payment Structure and Invoicing

CSoC Payment Structure

- Administrative payments are made to both the SMO and the Wrap Around Agency (WAA) according to their daily enrollment counts
- Each WAA may serve up to 240 children per region at any given time, with a maximum statewide capacity of 2,400 children
- The SMO maintains roster information from each of the WAAs
- On a monthly basis, the SMO submits an invoice with client level information broken out by each of the nine WAAs for both their admin payment, as well as the payment they flow through to the WAA

CSoC Payment Structure

- The invoices include information necessary to determine payment such as referral dates, date that the Freedom of Choice form was signed, whether the child is in the 30 day period of presumptive eligibility or is enrolled in CSoC through the 1915(c) waiver vs. the 1915(b)3 waiver, transfer dates and discharge dates
- When a child transitions within the month from one waiver to another, this is indicated on the manual invoice, splitting the costs between the two waivers
- Each quarter, the SMO also submits a reconciliation invoice to account for any retrospective adjustments such as a change in level of care, lapsed Medicaid or CSoC eligibility, etc.
- OBH reviews the calculations against the payment policy and Medicaid Eligibility data

CSoC Invoice Sample (Referral Tab)



Referrals														
Wrap Around Agency	Last Name	First Name	Medicaid ID	DOB	Referral Date	FOC Signed	Ineligible Days due to > 10 days to obtain FOC signature	Release Date - if applicable (ineligible or declined)	Ineligible Days due to Release Date	Ineligible Days due to Partial Payment in Prior Month	Number of Eligible Days Served	TOTAL WAAA PAYMENT	TOTAL ASO PAYMENT	Number of Days in the Invoiced Month
														31
														7/1/14
														7/31/14
4	Eckerd			10/25/00	7/11/14		0	7/20/14	11	0	10	\$333.87	\$44.37	
5	Eckerd			2/22/98	7/22/14	7/29/14	0		0	0	10	\$333.87	\$44.37	
6	Eckerd			10/17/02	7/9/14		0	7/16/14	15	0	8	\$267.10	\$35.50	
7	Eckerd			9/14/01	7/21/14	7/24/14	0		0	0	11	\$367.26	\$48.81	
8	Eckerd			7/13/96	7/30/14		0		0	0	2	\$66.77	\$8.87	
9	Eckerd			10/29/98	6/30/14		0	7/8/14	23	1	8	\$267.10	\$35.50	
10	Choices			9/24/96	7/24/14		0		0	0	8	\$267.10	\$35.50	
11	Choices			1/31/02	7/21/14	7/29/14	0		0	0	11	\$367.26	\$48.81	
12	Choices			6/10/97	7/9/14	7/16/14	0		0	0	23	\$767.90	\$102.06	
13	Choices			1/22/09	7/18/14	7/28/14	0		0	0	14	\$467.42	\$62.12	
14	Choices			11/14/97	7/25/14		0		0	0	7	\$233.71	\$31.06	
15	Choices			5/10/10	7/15/14	7/25/14	0		0	0	17	\$567.58	\$75.44	
16	Choices			10/25/98	6/24/14		0	7/3/14	28	7	3	\$100.16	\$13.31	
17	Choices			3/22/08	6/24/14	6/26/14	0	7/3/14	28	7	3	\$100.16	\$13.31	
18	Choices			7/29/96	6/24/14	6/26/14	0	7/3/14	28	7	3	\$100.16	\$13.31	
19	Choices			8/12/03	6/24/14	6/26/14	0	7/3/14	28	7	3	\$100.16	\$13.31	
20	Choices			6/30/02	6/24/14	6/26/14	0	7/3/14	28	7	3	\$100.16	\$13.31	
21	Choices			4/28/95	7/25/14		0		0	0	7	\$233.71	\$31.06	
22	Choices			1/3/99	7/23/14		0		0	0	9	\$300.48	\$39.94	
23	Choices			12/20/98	7/23/14		0		0	0	9	\$300.48	\$39.94	
24	Choices			3/12/01	7/30/14		0		0	0	2	\$66.77	\$8.87	
25	Choices			7/6/08	6/24/14		0	7/3/14	28	7	3	\$100.16	\$13.31	
26	Choices			12/19/98	6/26/14		0	7/5/14	26	5	5	\$166.94	\$22.19	
27	NHS (BR)			7/8/06	7/18/14		0	7/18/14	13	0	1	\$33.39	\$4.44	
28	NHS (BR)			3/17/98	7/1/14		0	7/3/14	28	0	3	\$100.16	\$13.31	
29	NHS (BR)			1/2/04	7/1/14		0	7/10/14	21	0	10	\$333.87	\$44.37	
30	NHS (BR)			5/31/96	7/14/14		0	7/23/14	8	0	10	\$333.87	\$44.37	
31	NHS (BR)			5/14/93	7/17/14		0	7/18/14	13	0	2	\$66.77	\$8.87	
32	NHS (BR)			10/29/06	7/14/14		0	7/16/14	15	0	3	\$100.16	\$13.31	
33	NHS (BR)			9/12/02	7/14/14		0	7/23/14	8	0	10	\$333.87	\$44.37	
34	NHS (BR)			8/21/00	7/14/14		0	7/21/14	10	0	8	\$267.10	\$35.50	
35	NHS (BR)			8/14/00	7/14/14		0	7/14/14	17	0	1	\$33.39	\$4.44	
36	NHS (BR)			2/12/02	7/9/14	7/15/14	0		0	0	23	\$767.90	\$102.06	
37	NHS (BR)			10/6/98	7/9/14	7/15/14	0		0	0	23	\$767.90	\$102.06	
38	NHS (BR)			10/5/96	7/25/14	7/28/14	0		0	0	7	\$233.71	\$31.06	
39	NHS (BR)			7/19/01	7/23/14	7/24/14	0		0	0	9	\$300.48	\$39.94	

CSoC Payment Guidance



Coordinated System of Care (CSoC) Payment Guidance

I. Statement of Purpose

The purpose of this document is to establish clear guidelines regarding retrospective administrative payments for CSoC including SMO administrative payments, the pass-through administrative payments to the Wraparound Agencies (WAA), and payments for the five specialized waiver services. This Policy replaces previously issued Guidance entitled "Coordinated System of Care (CSoC) Provider Payment Guidance" issued on July 1, 2013.

II. Applicability

This Office of Behavioral Health (OBH) guidance document is limited to formal management operations communication 1) between OBH and the SMO; or 2) between OBH and the other offices and programs within DHH. The guidance applies to communication by OBH as the agency designated by the Bureau of Health Services Financing (BHSF) to monitor and administrate the SMO contract. Questions regarding guidance should be directed to the SMO contract monitor.

III. Effective Date

The effective date of this guidance is August 1, 2014.

IV. Exceptions

This policy is applicable to the invoicing of costs associated with eligible Medicaid recipients only, as verified by an active Medicaid recipient ID. For non-Medicaid children referred to and enrolled in CSoC, referring agencies must be billed. All recipients should have an identified and verified guarantor. That payment process is to be established by the referring agency, and this policy will not apply.

V. Definitions

- a. Presumptive Eligibility – A child/youth who meets the clinical criteria for CSoC, according to the brief CANS, and is subsequently formally referred for the CSoC in writing enters into a period of Presumptive Eligibility for a maximum of 30 calendar days. During this time the child/youth is presumed to be eligible for CSoC, and is eligible to receive the 5 specialized waiver services (Parent Support and Training, Youth Support and Training,

Resources

- 1915 (c) Waiver
http://new.dhh.louisiana.gov/assets/docs/BehavioralHealth/LBHP/1915c_HCBSwaiver.pdf
- CANS Louisiana Scoring Sheet
http://www.magellanoflouisiana.com/media/133408/cans_louisiana_scoring_sheet
- CSoC Freedom of Choice
http://www.magellanoflouisiana.com/media/173057/csoc_freedom_of_choice_form
- CSoC Overview
<http://csoc.la.gov/assets/csoc/Documents/BHPTTransitionDocs/CSOCOOverview2015.pdf>
- CSoC SOP Draft_ Updated June 17, 2015
<http://csoc.la.gov/assets/csoc/Documents/BHPTTransitionDocs/CSOCSOPDraftUpdatedJune172015.pdf>
- Certified Provider Training for CANS
http://www.magellanoflouisiana.com/media/184063/cans_la_online_training_and_certification.pdf



Resources

- Child and Adolescent Needs and Strengths (CANS) Louisiana Manual
http://www.magellanoflouisiana.com/media/133405/cans_louisiana_manual.pdf
- Coordinated System of Care (CSoc) Clinical Eligibility and Operational Workflow
<http://csoc.la.gov/assets/csoc/Documents/BHPTTransitionDocs/CSocWorkflowEdited.pdf>
- Independent Behavior Health Assessment
http://www.magellanoflouisiana.com/media/183988/1915_c_assessment_form.pdf
- Louisiana Behavioral Health Partnership Service Manual
<http://new.dhh.louisiana.gov/assets/docs/BehavioralHealth/LBHP/ServicesManual-Current.pdf>
- National Wraparound Initiative, Research and Training Center on Family Support and Children's Mental Health, Portland State University.
<http://nwi.pdx.edu/pdf/TenPrincWAProcess.pdf>
- Who might the Coordinated System of Care be right for?
<http://csoc.la.gov/assets/csoc/Documents/BHPTTransitionDocs/WhoMighttheCoordinatedSystemofCarebeRightFor2015.pdf>



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